

**Office of Administration
Commissioner's Office**

"Request for Preauthorization for Other Services"

Program: Alternatives to Abortion

Contractor: Nurses for Newborns

Subcontractor: N/A

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved before purchased/provided to be reimbursed.

Client Name: [REDACTED]

Date Enrolled: 5/15/17

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
6/7/17	CAR payment	575.70	Mom is on medical leave
AMOUNT TO BE REIMBURSED		<u>\$400</u>	June payment of \$784.54

Please return to Alternative to Abortion Program Manager, State of Missouri - Office of Administration, Commissioner's Office, State Capitol Building, Room, 125, Jefferson City, MO 65101. May be faxed to 573/751-1212 or emailed to gully.kraft@mo.gov by the Contractor only. Thank you.

Authorized person request purchase

Approved for purchase: Shenece Smith Date 6/19/2017

Purchased by: _____ Date _____

Reason for denying purchase: _____